



**STATE OF GEORGIA
DEPARTMENT OF MOTOR
VEHICLE SAFETY
P.O. BOX 80447
CONYERS, GEORGIA 30013
404-657-9300**

CERTIFICATE OF RE-ENROLLMENT/REINSTATEMENT
TYPE OR PRINT IN INK

Student's Full Name _____ Sex _____ D.O.B. _____
Last First Middle

Address: _____
Street and Apartment Number
City, State, Zip

School Name: _____

Address: _____
Street and Apartment Number
City, State, Zip

Phone: _____ Certifying Official _____
Print or Type Name

Signature _____ Date _____

Notary:
Sworn to and subscribed before me this
_____ day of _____ 20____.

Notary Public

Seal

The above named student is hereby re-enrolled as a student at

Name of School

☐ Student Re-Enrolled ☐ Non-Compliance Submitted in Error

Mail To: Department of Motor Vehicle Safety, P O Box 80447, Conyers, Georgia 30013